

APPLICATION

JAMES H. HOUSTON COMMUNITY COLLEGE
SCHOLARSHIP

of the

FIRST CHRISTIAN CHURCH (Disciples of Christ)

ELIGIBILITY

- A. Applicant is to be a graduating senior, a current college student, or a resident of the Paris community.
- B. Applicant can be from the community, as well as First Christian Church, with preference given to church members.
- C. This is for a two-year community college program, or a short-term vocational training program in any field.
- D. Applicant must be attending a recognized institution of higher education.
- E. Award will be based on the information given in this application and the references provided by two (2) individuals.
- F. Applicant must return this form in a sealed envelope to: The Scholarship Committee, c/o First Christian Church, 201 S. Main St. Paris, Illinois by April 15. The recipient, as well as all applicants, will be chosen and notified by May 1.
- G. This is a one-year scholarship in the amount of \$500.00.

INFORMATION

- A. Name _____
- B. Address _____
- C. Date of Birth _____ Phone # _____
- D. Parent/Guardian names _____
- E. School currently attending/year _____
or current employment/how long? _____
- F. School/Institution you plan to attend _____
- G. Major/Minor/Training Sought _____
- H. Reasons for entering this program/training (Attach additional sheet if needed.)

- I. How do you envision using your education/training in your future life and work?
(Attach additional sheet if needed.)

J. Why are you choosing a community college as your means to a higher education?

K. List any experiences you have had in your chosen field or that have led you to this program.

L. Explain any financial need and how this scholarship will aid you.

M. Please give us any further information about your future plans and dreams personally or professionally.

N. Please list two (2) persons (not related to you), and their positions, who can recommend you for this course of study. Then give each a recommendation form to send in.

1. _____
2. _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

JAMES H. HOUSTON COMMUNITY COLLEGE
SCHOLARSHIP

Recommendation Form

Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How would you describe the applicant? _____

How do you feel the applicant will apply his/her education training as a
benefit to others? _____

How do you feel the applicant's proposed course of education
training/study to be appropriate and beneficial to the applicant? _____

Your Signature _____ Phone # _____

Address _____

Note: Please return in a sealed envelope by April 15th to: Scholarship
Committee, c/o First Christian Church, 201 S. Main, Paris, Illinois
61944.

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